

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, December 2, 2010 was called to order by Councilmember Crump, Acting Chair, at 12:35 p.m. in room 140 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

Councilmember Crump called the meeting to order and asked for a roll call while awaiting Mayor Verner who would chair the meeting.

PRESENT

Commissioner Bonnie Mager
Commissioner Todd Mielke (arrived at 12:53 p.m.)
Commissioner Mark Richard
Councilmember Steve Corker
Mayor Mary Verner, Vice Chair (arrived 12:38 p.m.)
Councilmember Amber Waldref
Councilmember Rose Dempsey
Councilmember David Crump, PhD
Board Member Michael Fisk, DC (arrived at 12:41 p.m.)
Board Member Bob Lutz, MD, MPH
Board Member Susan Norwood, EdD, RN

ABSENT

Councilmember Bill Gothmann, Chair

CITIZEN INPUT - No one signed in to give citizen input.

CHAIR REPORT - There was no chair report.

HEALTH OFFICER REPORT – Joel McCullough, MD, MPH, MS

Temporary Food Event Fees

As discussed at the October board meeting, the Cheney city administrator and chief of police had contacted Health District staff regarding SRHD’s temporary food event fee structure. It was decided to invite the Cheney representatives and Environmental Public Health staff to have a discussion regarding our fees during the BOH Executive Committee meeting scheduled on November 18, 2010. That discussion did not take place due to insufficient representation from the BOH Executive Committee. The board agreed to Dr. McCullough’s proposal to reschedule that discussion to take place at the next BOH Executive Committee meeting scheduled on January 20, 2011.

Performance Management Center for Excellence

SRHD was awarded a grant from Washington Department of Health to establish a Performance Management Center for Excellence. SRHD will receive \$60 thousand per year for five years to provide technical assistance to local health jurisdictions in eastern Washington to work on community health assessments, program evaluations, preparation for the Washington State standards, and preparation for national accreditation.

Budget Updates

Senior Nutrition Program

ALTCEW (Aging & Long Term Care of Eastern Washington) informed the Health District that our proposal to continue management of the Senior Nutrition Program was not accepted. Beginning on January 1, 2011, senior nutrition program services for Spokane County will no longer be housed at the Health District. We believe the program will move to Valley Meals on Wheels. Our Senior Nutrition Program has been providing services at the Health District for about 30 years and staff has worked diligently to serve the seniors in our community. Dr. McCullough thanked the four employees who currently who work in the program. Two of those employees will move into vacant positions elsewhere in the Health District and the final disposition of the other two individuals is not known at this time.

Early Family Support Services

The Department of Social and Health Services informed us that they will decrease funding by 6% for our Early Family Support Services (EFSS) program in our Community & Family Services (CFS) division. EFSS provides home-based services to children and families who are referred by Child Protective Services. Due to savings in CFS, this funding cut will not result in staff reductions.

State Revenue Forecast

The Washington state revenue forecast shows the general fund revenue projections to be down about \$1.2 million. This forecast covers the biennium from 2009-2011 as well as the next budget period of 2011-2013. No specific information is known at this time about what will happen from the standpoints of either the state Department of Health (DOH) or Spokane Regional Health District. DOH Secretary Selecky has two main strategies: one is to protect the flexible funding that public health receives from the general fund, and the second one is to direct funding as outlined in the "Agenda for Change," which was previously provided to the Board which is about the direction of public health in the state of Washington.

Holiday Reception

The Health District's Executive Management Team will host a holiday reception on Wednesday, December 15th from 8-9:30 a.m. in rooms 320-321 and all board members are welcome to attend.

Dr. McCullough responded to questions following the Health Officer report.

- The Health District applies for the senior nutrition grant every three years.
- At this time, the Health District is able to absorb the reduced funding for the EFSS program with savings incurred within the CFS division and there should be no impact to the families who are served for the remainder of this year. There may be additional cuts in 2011, but we don't have that information at this point.

CONSENT AGENDA

The Consent Agenda consists of items considered routine which are approved as a group. Any member of the Board may request to remove any item from the Consent Agenda to be considered separately.

APPROVAL OF MINUTES

Motion: To approve the October 28, 2010 Board of Health meeting minutes.

Motion/Second: Corker/Dempsey

Approved: Unanimously

APPROVAL OF VOUCHERS

Vouchers audited and certified by the auditing officer as required by RCW 42.24.080, payroll warrants, and those other claims as required by RCW 42.24.090, have been recorded on a listing which has been made available to the board. Time frame of claims: October 1 – 31, 2011. The board, in a vote as moved by Councilmember Crump for approval noting that the vouchers were reviewed by the Executive Committee, and motion seconded by Commissioner Mager, did approve for payment those vouchers included in the following list and further described in the total amount of \$1,975,771.66.

Voucher Numbers:	#202922	-#B&OSep10	\$ 683,097.57
Payroll Warrants:	#683012	-#683060	727,883.72
Advice Numbers	#DD8558	-#DD8765	
Payroll Warrants:	#685307	-#685353	564,790.37
Advice Numbers:	#DD8766	-#DD8974	
		TOTAL	\$1,975,771.66

Motion: To approve for payment those vouchers included in the above list and further described in the total amount of \$1,975,771.66.

Motion/Second: Crump/Mager

Approved: Unanimously

ACTION ITEMS

Recognition of Commissioner Mager – Mayor Verner

Mayor Verner expressed her honor and privilege to recognize Commissioner Mager for her contributions to the Spokane Regional Health District. As is customary for those who have served on this board, Commissioner Mager was given the opportunity to designate a small donation of \$50 to the charitable organization of her choice in lieu of receiving a plaque and she chose to donate to Second Harvest food bank in our community. Mayor Verner said that Commissioner Mager’s contributions to the Spokane Regional Health District have been impressive and her dedication to the work of the Health District has been evident.

Elect 2011 Board Chair – Mayor Verner

Mayor Verner requested Councilmember Crump, who was the only board member able to attend the November Executive Committee meeting, to talk about the concept of the rotation of the chair position.

Councilmember Crump explained that it has been the traditional past practice for the position of the chair to go through a rotation which has been changed at times depending on needs with the chair being representative of Spokane County, the city of Spokane Valley, the city of Spokane, and the small city representative. Under the current rotation, the chair for 2011 would be a representative of the city of Spokane. The election of the vice chair is done in January as is the

adoption of a meeting schedule for the year. Councilmember Crump said he had a brief conversation with Mayor Verner and she proposed going out of rotation for a year to serve as vice chair for a second year which was found to be permissible in the Board Bylaws.

Mayor Verner, who had not had an opportunity to discuss this with the other two Spokane representatives, asked Councilmember Corker and Councilmember Waldref if either of them would want to accept the nomination to chair the Board of Health for 2011. Mayor Verner explained that she is reluctant to commit to serve as chair of the Board in 2011 knowing the upcoming challenges and commitments that she will have next year. Due to their other commitments and circumstances, neither Councilmember Corker nor Councilmember Waldref wanted to step into the rotation. Following that conversation, Mayor Verner asked Councilmember Crump, who represents the small cities, if he would accept the chair nomination to which he agreed.

Commissioner Richard asked if the small cities representation on the Board of Health had been confirmed. Councilmember Crump said that the small city mayors, who determine each year which small city will appoint a representative to the Board of Health, will meet tomorrow and the BOH representation is on their agenda. He has been informed that several of the mayors including the mayor of the city of Liberty Lake have all indicated that Councilmember Crump's appointment to represent the small cities on the BOH will be ratified. Based on that explanation, Commissioner Richard nominated Councilmember Crump to serve as chair of the Board of Health for 2011, motion seconded by Councilmember Corker, stating that the intention of the motion is that if for some unforeseen reason he is not reappointed, that it would be the Board's intention bring this action back for reconsideration.

Motion: To elect Councilmember Crump to serve as Board of Health Chair for 2011.

Motion/Second: Richard/Corker

Approved: Unanimously approved

REPORTS

School-Based Health Centers – Stacy Wenzl

Stacy Wenzl, program manager for Community Health Assessment, Communicable Disease Prevention and Immunization Outreach in the division of Disease Prevention and Response, presented an overview on school-based health centers (SBHCs).

Spokane County currently does not have any SBHCs which are primary health clinics co-located within schools that operate similarly to a pediatric or family practice clinic. SBHCs are usually staffed by one or two healthcare providers, a mental health or substance abuse counselor and a medical assistant or other support staff to provide primary healthcare such as immunizations, physical exams, and mental health counseling. SBHCs also work closely with school officials and the medical community around referrals and follow-up care. SBHCs are a common way to increase access to preventive and primary healthcare for school-aged children with over 1,900 in existence across the nation, as of 2009. In Washington State, the Seattle area has 14 SBHCs, Walla Walla has one school-linked center, and Omak has plans to begin one.

Substantial research available for SBHCs has demonstrated: reduction of inappropriate emergency room use around preventive care that can be delivered in a lower-cost setting; increased access to primary healthcare, particularly among harder to reach adolescents such as

males and racial and ethnic minorities; increased in-class time; and positive academic outcomes such as better attendance, academic success, and increased graduation rates.

Funding of SBHCs is usually pieced together from multiple sources which may include federal and local grants, private foundations, fundraising and billing of students' health insurance.

It is important for public health to be involved in SBHCs for a number of reasons including meeting public health Standards for Washington state and pursuing public health accreditation through assessing and accessing critical health services as well as engaging the community to implement strategies to improve health. SBHCs also provide an opportunity to address a number of public health issues of concern in our community such as immunizations, nutrition and physical activity, obesity, mental health, substance abuse and others.

Ben Stuckart of Communities In Schools (CIS) contacted the Spokane Regional Health District to request our participation in this project. Ms. Wenzl agreed to be the point person at the Health District to supply data and obtain letters of support to apply for a grant from the Bill & Melinda Gates Foundation. The grant was awarded to CIS to engage in a year-long planning process with a goal to open a pilot SBHC in the fall of 2011. The grant only covers planning; additional funding needs to be secured to start up and sustain a center. CIS hired Mike Wisner of Wisepear Consulting who is facilitating the planning process by helping to compile research and by doing literature review, key informant interviews and site visits and identifying and engaging stakeholders.

A community kickoff meeting was held in September with representation from community medical clinics, schools, and non-profit organizations. An Advisory Committee, comprised of attendees who were identified at the kickoff meeting, held its first meeting and the planning is well underway.

Next steps include selecting an operating model and identifying medical providers and sponsors, choosing a pilot school through conducting community surveys and forums to gauge community support, and identifying operating models and service levels a community wants in their SBHC.

The Health District's participation in the planning process has been to provide data. Two sources that support SBHC planning in Spokane: 1) results of a 2008 Youth Risk Survey indicated that 51% of teens would or would likely use school-based health services if they were available; and 2) results from a recent omnibus survey indicated that 57% of the respondents would support having SBHCs in public schools, 27% would not support SBHCs, and 17% were unsure.

Additional support from the Health District includes coordinating facility use such as arranging meeting space at SRHD, helping with data and the application process, and assisting schools to pull their data to select a pilot school by March of 2011.

Ms. Wenzl has also been serving on a statewide planning group to bring a Washington affiliation of NASBHC (National Assembly on School Based-Health Centers), a national policy and advocacy group to our state through funding provided by Group Health Foundation. The Washington affiliation was formed January of this year with a focus to further the movement of

school-based health centers in Washington. That group will work with the legislature to educate people on the Medicaid cuts and other potential cuts that will impact SBHC operations.

Next steps in this planning process are to identify and apply for funding sources, establish relationships among medical providers to bill for services, and prepare for and manage a pilot center in the fall of 2011.

Questions and discussion following the presentation:

- The public has not yet been engaged in this project other than the community stakeholder meeting, however Ms. Wenzl believes the response has been positive so far; a plan integrated with the existing school nurses should alleviate their concerns about the impact to their time. The biggest challenge seems to be funding for sustainability.
- Many of the services provided through SBHCs cannot be billed to students' medical insurance.
- The planning group for SBHCs will not insist that reproductive health is provided but that decision will be based on the selected community's input.
- The Youth Risk Survey was administered to youth ages 15-24 in our community. The survey is considered generalizable to the population (400 random responses). The other survey of the adult population of 18+ years of age was also deemed generalizable based on 400 responses from throughout Spokane County.
- SBHCs are intended for the students in the school to receive services and not the general public.
- The parents will be polled on whether or not they would want their child to use a SBHC. That additional polling would require more funding. School districts that are interested in piloting a SBHC are being asked to put forth one or two schools and then that data collection and polling of parents will be done.
- The most common placement of a SBHC is within a high school but many are co-located in middle schools and may be within an elementary school.
- The decreased rates of absenteeism are a positive finding and considered as a benefit of SBHCs.
- An evaluation plan will be put into place after the pilot center is established.
- With few exceptions, students under 18 will be accessing services through a SBHC which will require parent approval.
- A SBHC could improve access to health care for students and parents with limited means.
- Implementing surveys requires IRB (Institutional Review Board) approval to collect data from younger children and we do not have that data for the K-6 grade population. This SBHC planning process will not exclude elementary schools. An elementary school may be selected as the pilot. SBHCs are more common in older school populations (generally have higher utilization of services) ..
- Typically, students are not turned away from care in any SBHC regardless of ability to pay and a lot of care is not billable; therefore, grants and donations from medical sponsors and foundations becomes important. Even SBHCs that are really good at billing, at most still only bill at 50-60%. Most only bring in billing revenue of around 30%.
- As previously stated, reproductive health is not an all or nothing decision point within this process. The issue will be determined by the community in which the center is placed through a thoughtful assessment and evaluation process.

- Spokane Public Schools is following this planning process with a high interest in what is shown as an increase in graduation rates, decrease in dropout rates and increased attendance; concerns are campus security, physical space, and potentially reproductive health.
- Funding sources to support this are important; Seattle passed a levy and also has a lot of medical support there that we don't have here; one SBHC in the Seattle area costs about \$300 thousand per year. One person in Walla Walla single handedly supports that school-linked health center and it is not known if Public Health Seattle-King County provides any direct funds toward their SBHCs.

Mayor Verner thanked Ms. Wenzl for the systematic, analytical, careful and deliberate approach to SBHCs and the report to the Board and requested future updates on the progress of this project.

The Health District will provide ongoing updates on the progress of this project. SRHD is not receiving any of the grant funding for this planning process and is providing in-kind support to provide assessment and data. The initial funding is only for the year long planning process and will not go toward establishing a clinic.

The Board of Health will be given an opportunity to review the questionnaire that will be developed by Health District staff based on other national assessments to use for this school based healthcare center assessment process.

Oral Health Report – Amy Riffe and Janine Johnson, DDS

(At the February 24, 2011 regular meeting of the Spokane Regional Health District Board of Health, per the request of Mayor Mary Verner, the word “executive” was struck from the discussion and comments portion of the Oral Health Report, page 10 of the minutes.)

Amy Riffe is an epidemiologist in Community Health Assessment within the division of Disease Prevention and Response. Oral health was chosen as an assessment project this year since new information was available on the oral health status of children from the Smile Survey, information from previous Spokane County oral health studies could be included, and our public health indicators report, *Spokane Counts*, has consistently ranked oral health as not meeting expectations. The Spokane County Oral Health Coalition was included in the development of this assessment to ensure it would be useful to a broad array of people interested in improving our community's oral health.

The report, *Healthy Smile, Healthy Life*, is the culmination of the oral health assessment with findings about the oral health of residents in Spokane County. The report examines special considerations of select populations and discusses public health's role in addressing the findings and improving oral health. The presentation covered the following portions of the report.

- Spokane County is federally designated as having a shortage of dentists who see low income individuals.
- Nearly one in four residents has Medicaid insurance and less than half of those use their dental services; in 2009, a total of \$17.3 million was paid for Medicaid dental services of which an estimated \$5.5 million was for restorative care; one quarter of preschool children with Medicaid received restorative dental services accounting for 41% of payments in that age group.

- The use of a hospital emergency department (ED) for oral health concerns significantly increased over the last five years with nearly 5,000 visits to an ED for dental concerns in 2009; one quarter of the individuals went to an ED three or more times during the five years at an average cost of \$778, totaling \$14.2 million over the five year period.
- Two out of three adults has dental insurance and a majority of both adults and youth have seen a dentist in the last year; yet 8% of youth grades 8-12 report they have never seen a dentist with significant variation by demographic variances.
- Nearly one in three adults has lost a tooth due to decay and 5% of all adults have lost all of their teeth; among seniors one-third have lost all of their teeth; 22% of seniors reported having a dental problem in the previous year but did not see a dentist; more than one-third of seniors felt they currently needed dental care; and seniors likely do not have dental insurance and are not working, and Medicare health insurance does not cover dental services.
- Among young children, 40% of kindergarteners have had a cavity increasing to 57% having a cavity by grade three.
- Tobacco use and some health conditions were associated with poor oral health outcomes with smokers, those with poor mental health, diabetics, and adults who have had a heart attack being more likely to have lost all of their teeth. Smokers are three times more likely to lose all their teeth compared to non-smokers; adults with poor mental health are two-and-a-half times more likely to lose all their teeth compared to those with better mental health; diabetics are almost three times more likely to lose all their teeth compared to non-diabetics; and adults who have had a myocardial infarction are six time more likely to lose all their teeth compared to adults who have not had a myocardial infarction.
- Preventive measures discussed in the report include knowledge and information, oral health maintenance, sealants, and fluoride in its various application forms. Some opportunities to improve oral health in the community that were identified from the assessment were to encourage regular dental visits, support programs that improve access to dental services such as ABCD and school-based programs, provide clear and consistent information and messages, and consider implementing public water fluoridation. It is hoped that this report will generate community discussions that could possibly identify more opportunities to improve oral health in our community.

In conclusion, Ms. Riffe said that this report demonstrates how widespread oral health concerns are in our community. Poor oral health can cause social and mental difficulties, be painful and expensive to resolve, and may lead to time lost from work or school. There are differences in oral health by socio-economic status and for vulnerable populations at increased risk for poor oral health. Oral health is a prime example of public health principles: it is a health condition that effects many if not all people; there are disparate populations with an increased risk of poor health outcomes; and it is preventable, but if it is not prevented, early intervention improves the outcome.

Dr. Johnson, a Spokane dentist for 30 years, began her portion of the presentation by saying she was not debating the merits of water fluoridation but curious why water fluoridation has not been enacted in Spokane. She referred to a book *Fluoride Wars* authored by an environmental engineer and a person with a PhD in water hydrology. The book includes a chapter on Spokane which mentions the board of health. She said the book's intention is to create a social history of water fluoridation.

Dr. Johnson compared the subject of water fluoridation to a melodrama which she defined as a dramatic work exaggerating characters and a plot to appeal to emotion with the plot being a

battle of good vs. evil using sentimentality and exaggeration not observing any laws of cause and effect.

A Spokane water report shows 0.2 ppm of fluoride currently in our water and fluoridation would alter the mineral content to 1.0 ppm of fluoride. Dr. Johnson said that many of Spokane's water components, although considered to be safe, are already being filtered out by many people and fluoridating our water would have no impact to those people.

Dr. Johnson believes an anti fluoride campaign has been successful here by piggy-backing onto other political issues such as pollution; as a melodrama evokes emotion, fear and doubt, in the case of fluoridation it trivializes an important problem. She believes that the citizen input at Board of Health meetings has become a stage for melodrama and suggested using a complaint form to provide public feedback while enabling unbiased analysis as illustrated in a paper she distributed from the County of Sacramento, California.

Dr. Johnson stated that some consequences for not fluoridating water include an increase in Medicaid dental expenses and that preschoolers living in a non-fluoridated community like Spokane are three times more likely to require hospital dental treatment. She suggested a risk cost benefit analysis of community water fluoridation.

Discussion and comments following the oral health report:

- Mayor Verner commented that Spokane County's water delivery system may be much more complex than some of the others where water fluoridation has been adopted as an approach to address dental disease. There are 26 different water purveyors in our county and within the city of Spokane dozens of points of entry that would require the addition of fluoride. Spokane has previously analyzed the logistics, cost, operation and challenges of maintaining a consistent fluoride level in that type of delivery system.
- If resources are available, a suggestion to do a cost and benefit analysis is valid.
- In response to Mayor Verner's question about there being no difference in the prevalence of dental decay in children comparing Spokane County to Snohomish County with only 3% of Spokane County's population receiving fluoridated water compared to 68% in Snohomish County, Dr. Johnson said that Spokane led the country in establishing the ABCD program to paint fluoride varnish onto children's teeth (22,600 ppm of fluoride in the varnish) at a cost of about \$100 per year compared to the cost of fluoridated water at \$1 per year; Spokane has had a huge effort to paint varnish on the children's teeth, but not all children are reached; in addition, water fluoridation reaches all members of a community including seniors.
- Commissioner Mielke, who commented on the irony that there was no citizen input regarding fluoridation today, said that he was involved in the last community fluoridation effort and recalls a cost of \$2.5 million to fluoridate the water; he also recalls that, while the Health District could make a recommendation, the authority to impose water fluoridation would rest with each water purveyor. Although both FAFB and Cheney fluoridate their water, we would need to create a test case with a substantial water purveyor here. The last effort for water fluoridation was supported by the Washington Dental Service, but the number of signatures required to go on the ballot fell short.
- Councilman Corker recalls two occasions where water fluoridation when to a vote within the city of Spokane with a defeat and a third initiative with not enough signatures. He has lived in eleven communities and seven states and Spokane is the only city he has lived in without fluoridated water. There seems to be a strong opposition in Spokane.

- Commissioner Mielke added that fluoride opponents have done a good job conveying their message saying that it takes away options and choices; it is his perception that when the public sees something that reduces their options or choices, they tend to be opposed.
- Board Member Lutz referred to information he had sent to the board looking at the association of poor oral health and chronic disease, and the economic burden associated with chronic disease. If there is a public health measure that could significantly impact our public at a relatively nominal cost and thereby also affecting the economic impact of chronic diseases, that is something to give merit to; he believes that the indirect and direct cost of poor oral health is significantly greater than the cost of fluoridating the water system. He is hopeful that the board will have more conversations about this issue.
- Dr. McCullough responded to Mayor Verner's question regarding whether staff intended to bring back a proposal to the board based on this presentation or if it was for information only. The first part of the presentation by Ms. Riffe was to inform board members about the oral health report which is available for them to read in full at their leisure. In regard to the second part of the presentation, there is no proposal for any action related to water fluoridation. Further information on this topic will likely be coming to the board based on conversations that Dr. McCullough has had with Board Member Lutz.
- Mayor Verner requested that if there was any perceived action on this topic by the board that the board would have a discussion in (~~executive~~) session in order to have a well reasoned and sequenced discussion on this topic including past deliberations by the board and history and to canvas board members regarding their jurisdictions.
- Commissioner Richard added that, if the topic of water fluoridation would come before the board for any decision that adequate time would be allowed for the scientific community with any contrary view to give their input. In his experience on the board, there has been no proactive dialogue in terms of the water supply and he has personal reservations. He would look forward to a conversation with both perspectives in order to come to an informed decision.
- Ms. Riffe commented that she realizes fluoridation is important for oral health measures but asked board members keep in mind other pathways to impact oral health such as reimbursement rates, more dentists, school-based centers, better education, educating the public about water fluoridation, etc. She appreciates the conversation on water fluoridation but wants all things to be considered.

BOARD MEMBER CHECK-IN

Recognition to Commissioner Mager

Members of the board of health individually thanked Commissioner Mager for her service to public health during Board Member Check-In.

TFE Fee Discussion - Mielke

A request to discuss the Health District's Temporary Food Event fee in response to the city of Cheney police chief and administrator was brought forth by Commissioner Richard at the last board meeting on behalf of Commissioner Mielke. Councilmember Crump explained that a meeting was scheduled with the representatives from Cheney for a discussion a few weeks ago, however not enough board members were available so that discussion was postponed to the next BOH Executive Committee meeting schedule on January 20, 2011. In response to Commissioner Mielke's question regarding fees for mobile food vendors, Environmental Public Health Director David Swink said that a vendor that is licensed as a mobile vendor is issued an annual permit which allows that vendor to participate at any event throughout the year without additional cost.

Domestic Violence Unit Lease at SRHD - Mielke

Commissioner Mielke requested a discussion among board members regarding the Domestic Violence Unit which involves both the city and county and the cost for the space leased on the fourth floor of the Health District building. He was informed that, although there has been discussion as to whether or not the unit will remain intact, the lease amount that was agreed upon for this year was found to be insufficient to cover the basic cost of the space and the Health District has requested an increase to a break even amount. Following a lengthy discussion, the board agreed to Mayor Verner's request for those board members directly involved in this issue to work in concert with the Health District to do what is necessary to salvage this important community program and to bring back that back to the January meeting.

E-Cigarettes - Fisk

In response to Board Member Fisk's request for an update on e-cigarettes, Legal Counsel Wolkey said that the entire group has met and developed a working draft of an ordinance; it is her understanding that the ordinance will go to each board for each jurisdiction in the upcoming months and that public hearings will be scheduled for people to weigh in on pros and cons of those issues.

State Association of Local Board of Health - Lutz

Board Member Lutz thanked Commissioner Richard for facilitating a meeting at a recent WSAC (Washington State Association of Counties) meeting about bringing together local boards of health across state. Information will be brought back to the board.

Emergency Contact Information and Meeting Evaluation Forms – Crump

Councilmember Crump requested board members to complete the emergency contact information on the sheet supplied in their packets as requested following last month's H1N1 After Action Report. He also reminded board members to complete the meeting evaluation forms which are used to measure part of the BOH Strategic Plan Goal 8.

Medicaid Cuts and Dental Services – Waldref

Councilmember Waldref commented on the loss of dental services available to some populations due to the cuts to Medicaid and the importance of the dental clinic that will open at the Northeast Community Center to serve low-income people in late spring next year.

Strategic Plan Goals 1 and 2 – Corker

Councilmember Corker is a member of the Health District's Strategic Plan Goal 1 team (develop and implement strategies to obtain sustainable adequate public health funding) and Goal 2 team (develop and implement strategies to obtain sustainable adequate public health funding).

He had the opportunity to speak to several legislators who were attending a legislative affairs panel at Greater Spokane Inc. about the continued cuts and reductions affecting services and he recommended that rather than across-the-board cuts, to cut specific programs based on prioritization to preserve programs and services that are most important. In each discussion, the legislators emphasized their two principles: one is to look at cutting specific programs rather than across-the-board and the second is to allow more discretionary use of state funds. There was no optimism for revenues.

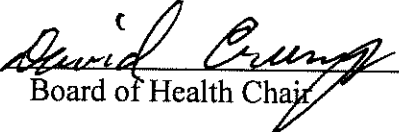
Councilmember Corker attempted to put together a community awareness event in early December for board members to invite community members to the Health District to raise their awareness of our services. That event has been postponed to late January. Councilman Corker will send an email to board members to poll them on a day of the week and time of day they would be willing to participate in this community awareness event where they would pick up an

individual to bring here for a breakfast or lunch and spend a half hour learning about public health services and then return them all within an hour. This event would take place once a month engaging four or five board members each time with a goal over the next year or two to expose over 100 business or political leaders or individuals for whom it would be beneficial to raise their awareness of what public health does and the scope of services. Councilman Corker requested feedback from board members before the end of the year.

NEXT BOARD OF HEALTH MEETING - the next Board of Health meeting is scheduled at 12:30 p.m. on January 27, 2011.

EXECUTIVE SESSION – There was no Executive Session.

ADJOURNMENT There being no further business before the Board the meeting was adjourned at 2:40 p.m.

APPROVED: 
Board of Health Chair

Date: 2-24-11


Recording Secretary